

EXHIBIT 1

FILED 10/28/2022 1:48 PM CLERK OF SUPERIOR COURT DEKALB COUNTY GEORGIA

**IN THE SUPERIOR COURT OF DEKALB COUNTY
STATE OF GEORGIA**

LATNEY A. RUSSELL,

Plaintiff,

VS.

QUEST DIAGNOSTICS INCORPORATED,

Defendant.

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CIVIL ACTION FILE NO.:
22CV9346

JURY TRIAL DEMANDED

**PLAINTIFF'S VERIFIED COMPLAINT FOR BREACH OF PRIVACY AND
OTHER RELATED RELIEF**

COMES NOW, **LATNEY A. RUSSELL**, Plaintiff in the above-styled and stated matter, herein referenced as "Plaintiff" or "Mr. Russell" states this, his Complaint for Breach of Privacy and Other Related Relief against the above-named Defendant, **QUEST DIAGNOSTICS INCORPORATED**, herein referenced as "Defendant" or "Quest". In support whereof, Plaintiff respectfully shows as follows:

JURISDICTION AND VENUE

1.

Although Plaintiff is a resident of the State of Massachusetts and County of Essex, Defendant is subject to the jurisdiction and venue of this Court, as stated in Georgia Code § 9-10-93. Under said statute, venue shall lie in any county wherein a substantial part of the business was transacted, the tortious act, omission, or injury occurred, or the real property is located. Where an action is brought against a resident of this state, any nonresident of this state who is involved in the same transaction or occurrence and who is suable under the provisions of this article may be joined as a defendant in the county where a resident defendant can be tried. Venue is proper in the Superior Court of Dekalb County as the occurrence took place there. Service may

be acknowledged. If service is not acknowledged, service of the Summons and Complaint for Breach of Privacy and Other Related Relief may be perfected according to law.

2.

This Court has jurisdiction of matters set forth in this Complaint

3.

Venue over the matters set forth in this Complaint are proper.

BACKGROUND

4.

The above-named Plaintiff is and has been a client of the above-named Defendant since November 16, 2021, in which a patient and provider relationship was established.

5.

According to the Quest Diagnostics Notice of Privacy Practices, they are fully responsible for protecting their client's Private Health Information (PHI), including but not limited to laboratory test orders, test results and invoices. A true and correct copy of this policy is hereto attached as Exhibit "A".

6.

On May 23, 2022, at 1:36 PM, this policy was deliberately breached by the Defendant, by negligently exposing the Plaintiff's health information by delivering a letter via United States Postal Mail and improperly sealing the envelope, as it arrived in a compromised state to an incorrect address, partially dismantled. This misstep has further compromised the integrity of the Plaintiff's patient information.

7.

On November 21, 2021, the Plaintiff specifically requested that notifications regarding his health status be delivered electronically only, while at a routine appointment. However, a

letter revealing the Plaintiff's health status was physically delivered by United States Postal Mail in lieu of the request, to an address in which the Plaintiff no longer resides, deliberately ignoring the Plaintiff's request for privacy. In this instance, the staff either failed to make the necessary changes in the Plaintiff's delivery profile or, there was blatant negligence by the Defendant. Additionally, the Plaintiff was advised that Quest no longer delivers any physical correspondences at all, which was ill advised on their part.

8.

The aforementioned letter was delivered to the Plaintiff's mother, unsealed and compromised via USPS Mail, which were then sent to the Plaintiff by way of photographs via WhatsApp. This inattentive action by the Defendant is how the Plaintiff was notified of the breach. A copy of said photos are hereto attached as Exhibit "B"

9.

As a result of the breach, the Plaintiff proceeded to file a Health Information Privacy Complaint with the Office for Civil Rights (OCR) with little resolve. A copy of said complaint is hereto attached as Exhibit "C"

10.

As of the date of this Complaint, neither the Office for Civil Rights (OCR) or Quest has made an attempt to rectify the incident. A copy of the closure letter received from the Office for Civil Rights (OCR) by the Plaintiff is hereto attached as Exhibit "D"

11.

As recently as September 4, 2022, the Plaintiff received physical correspondences from Quest in lieu of electronic delivery, further burdening the Plaintiff with a follow-up to the Defendant regarding the lack of compliance. Said follow-up is hereto attached as Exhibit "E".

COUNT ONE – BREACH OF PRIVACY

12.

Plaintiff incorporates all the above paragraphs as if they were fully set forth in the paragraphs herein.

13.

Defendant failed to uphold their standard of maintaining Protected Health Information (PHI) as covered in the HIPAA Privacy Rule.

14.

Defendant failed to adhere to the Notice of Privacy Practices set forth by them, by negligently exposing the Plaintiff's health information.

15.

Defendant failed to honor patient-client confidentiality by failing to adhere to multiple requests by the Plaintiff for electronic delivery of correspondences. Additionally, the Defendant failed to update the Plaintiff's physical address which could have added another layer of protection for the sensitive information.

16.

Plaintiff is entitled to compensation for damages due to the Defendant's blatant breach of contract.

COUNTY TWO – NEGLIGENCE

17.

Plaintiff incorporates all the above paragraphs as if they were fully set forth in the paragraphs herein.

18.

Once the breach was identified and affirmed on May 23, 2022, Defendant continued to physically mail correspondences, despite the request to change to electronic delivery and the provision of an updated address by the Plaintiff. A specific instance of the negligence occurred on August 29, 2022, when the Plaintiff received physical mail correspondences; Despite the correction of the address, the negligence and failure to provide electronic delivery continued.

19.

Plaintiff was given verbal assurance as to the change in correspondence delivery on multiple occasions, over the course of two years which were negligently ignored by Quest. Additionally, Plaintiff went to MyQuest.com and made the changes prior to the incident which was also ignored. If given the opportunity, Plaintiff would like the opportunity to present recordings providing an instance of verbal assurance by Defendant, as allowed by Georgia statute O.C.G.A. 16-11-66. According to that statute, person(s) can record a telephone conversation in Georgia if they are a party to the conversation and this will typically be admissible evidence at any hearing or trial. The aforementioned recording(s) can be accessed here: <https://drive.google.com/file/d/1FDpoPi77XpCxb0J90KSrJTOWULmuTk5M/view?usp=sharing>

20.

Plaintiff is entitled to compensation for damages due to the Defendant's blatant negligence.

COUNT THREE – PAIN AND SUFFERING

21.

Plaintiff incorporates all the above paragraphs as if they were fully set forth in the paragraphs herein.

22.

Plaintiff has suffered and continues to suffer from extreme mental anguish, depression, anxiety, suicidal ideology, and ennui due to this series of events.

23.

This negligence caused by the Defendant, is specifically related to the unauthorized release of the information, which has incurred unnecessary questioning by friends and family. Said questioning has led to a myriad of continuous health issues for the Plaintiff, directly related to the stress of this exposure.

24.

Plaintiff is entitled to compensation for damages due to the Defendant's harm to the Plaintiff.

COUNT FOUR – DUTY TO PROTECT

25.

Plaintiff incorporates all the above paragraphs as if they were fully set forth in the paragraphs herein.

26.

Defendant failed to protect the privacy of Private Health Information (PHI) on numerous occasions, failing to protect the patient's information.

27.

Under Federal HIPPA laws, medical providers have a duty to protect Private Health Information from the public. Defendant has an obligation to strengthen their policies and procedures to prevent future occurrences.

28.

This failure to protect has completely altered the way of life for the Plaintiff due to the downstream effects of this incident.

29.

Plaintiff is entitled to compensation for a failure to protect Private Health Information due to the Defendant's failure to adhere.

30.

Due to the aforementioned failures to protect, the Plaintiff asks that the court sanction the Defendant by compelling a mandatory review of their policies, patient health information protection measures and the implementation of specific training related to this incident to ensure future compliance by Quest. Specifically, Quest can secure patient information using the following methods:

- A) Redundant systems requiring multiple checkpoints before patient information is mailed or emailed;
- B) Training specifically covering the handling of Protected Health Information (PHI);
- C) The sanctioning or reprimanding of employees that do not comply, as the importance of PHI is monumental; and
- D) Any other measures that the court deems fit as a result of the occurrence.

SUPPORTING STATEMENTS

A) Under traditional negligence theories, with the negligence supported by evidence showing that the medical provider was negligent by disclosing a patient's private information and arguing that the medical provider is responsible for all damages caused by the HIPAA violation and must be held liable for damages. In this scenario, HIPAA provides an objective

standard for examining a covered entity's negligence in disclosing a person's protected health information or "PHI."

B) **Georgia Code § 16-11-66:** Nothing in Code Section 16-11-62 shall prohibit a person from intercepting a wire, oral, or electronic communication where such person is a party to the communication or one of the parties to the communication has given prior consent to such interception.

After obtaining the consent required by this subsection, the telephonic conversations or electronic communications to which a child under the age of 18 years is a party may be recorded and divulged, and such recording and dissemination may be done by a private citizen, law enforcement agency, or prosecutor's office. Nothing in this subsection shall be construed to require that the recording device be activated by the child. Consent for the recording or divulging of the conversations of a child under the age of 18 years conducted by telephone or electronic communication shall be given only by order of a judge of a superior court upon written application, as provided in subsection (c) of this Code section, or by a parent or guardian of said child as provided in subsection (d) of this Code section. Said recording shall not be used in any prosecution of the child in any delinquency or criminal proceeding. An application to a judge of the superior court made pursuant to this Code section need not comply with the procedures set out in Code Section 16-11-64.

A judge to whom a written application has been made shall issue the order provided by subsection (b) of this Code section only:

Upon finding probable cause that a crime has been committed;

Upon finding that the child understands that the conversation is to be recorded and that such child agrees to participate; and

Upon determining that participation is not harmful to such child.

A true and correct copy of the recording provided for in subsection (b) of this Code section shall be returned to the superior court judge who issued the order, and such copy of the recording shall be kept under seal until further order of the court.

The provisions of this article shall not be construed to prohibit a parent or guardian of a child under 18 years of age, with or without the consent of such minor child, from monitoring or intercepting telephonic conversations of such minor child with another person by use of an extension phone located within the family home, or electronic or other communications of such minor child from within the family home, for the purpose of ensuring the welfare of such minor child. If the parent or guardian has a reasonable or good faith belief that such conversation or communication is evidence of criminal conduct involving such child as a victim or an attempt, conspiracy, or solicitation to involve such child in criminal activity affecting the welfare or best interest of such child, the parent or guardian may disclose the content of such telephonic conversation or electronic communication to the district attorney or a law enforcement officer. A recording or other record of any such conversation or communication made by a parent or guardian in accordance with this subsection that contains evidence of criminal conduct involving such child as a victim or an attempt, conspiracy, or solicitation to involve such child in criminal activity shall be admissible in a judicial proceeding except as otherwise provided in subsection (b) of this Code section.

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STATEMENT OF CLAIM

Claim: *GENERAL BREACH OF PRIVACY*

1. The Court has jurisdiction over the Defendant(s); the Defendant(s) are residents of Hudson County, NJ; Venue is proper per Georgia Code § 9-10-93 as the occurrence took place there.

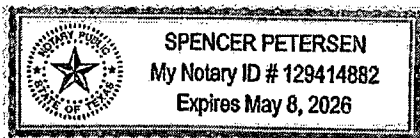
2. Plaintiff(s) claims the Defendant(s) is/are indebted to the Plaintiff as follows:

- a) Breach of Privacy
- b) Negligence
- c) Pain and Suffering
- d) Duty to Protect

3. That said claim is in the amount of: \$ 1,400,000.00, principal, 10% interest, plus all future costs of this suit. State of Georgia, Dekalb County: being duly sworn on oath, says the foregoing is a just and true statement of the amount owing by defendant to plaintiff, exclusive of all set-offs and just grounds of defense.

STATE OF Texas
COUNTY OF Dallas

Sworn to (or affirmed) and subscribed before me, by means of ☒ physical presence or ☐ online notarization, this 27th day of October, 2022, by _____.



[Signature]
NOTARY PUBLIC

Spencer Petersen
{Print, type, or stamp commissioned name of notary or deputy clerk.}

Personally known
☒ Produced identification

Type of identification produced MAID

WHEREFORE, Plaintiff respectfully prays as follows:

- (a) That process issue and Defendant be served according to law;
- (b) That the Defendant be ordered and required to fully comply with this Court's Final Judgment in this matter;
- (c) That the Court, in making its finding of neglect or harm and impose appropriate sanctions on the Defendant;
- (d) That this court award damages to Plaintiff and against Defendant in an amount to be proven at trial.
- (e) That this court compel the Defendant to implement procedures to further strengthen Protected Health Information (PHI).
- (f) That this court allow trial by jury for all applicable issues.
- (g) That Plaintiff have such other and further relief as this Court considers just and equitable.

Respectfully submitted, this 27th day of October 2022.


LATNEY A. RUSSELL (PLAINTIFF)

EXHIBIT "A"

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Quest Diagnostics and its Affiliated Covered Entities (collectively "Quest Diagnostics") are committed to protecting the privacy of your identifiable health information. This information is known as "protected health information" or "PHI." Examples of documents that may contain your PHI include laboratory test orders, test results and invoices.

Our Responsibilities

Quest Diagnostics is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving PHI that is unsecured. PHI is stored electronically and is subject to electronic disclosure. This Notice does not apply to certain services that we perform, such as some drugs of abuse testing services and insurance applicant services.

How We May Use or Disclose Your Health Information

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your PHI will fall into one of the categories listed below.

We need your authorization to use or disclose your PHI for any purpose not covered by one of the categories below. With limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your PHI except to the extent we have already taken action based on your authorization.

We may use and disclose your PHI for the following purposes:

Treatment

Quest Diagnostics provides laboratory testing for physicians and other healthcare professionals, and we use your PHI in our testing process. We disclose your PHI to authorized healthcare professionals who order tests or need access to your test results for treatment purposes. We may use and disclose PHI to contact you to remind you of an appointment or to tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

However, for self-pay purchases made through QuestDirect™, except for the ordering provider, we do not share test results with other providers or healthcare professionals for treatment purposes.

Payment

Quest Diagnostics may use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

Healthcare Operations

Quest Diagnostics may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests.

Business Associates

We may provide your PHI to other companies or individuals that need it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

Individuals Involved in Your Care

We may disclose relevant PHI to a family member, friend, caregiver or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

As Required by Law

We may use and disclose your PHI as required by law.

Law Enforcement Activities and Legal Proceedings

We may use and disclose your PHI if necessary to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

Research

We may use or disclose PHI for research purposes when permitted by law, such as when an Institutional Review Board or privacy board has reviewed the research proposal and plans to ensure the privacy of your PHI and determined that your authorization is not required. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met.

We may use and disclose a limited data set containing some of your PHI for research purposes. However, we will only disclose a limited data set if we enter into a data use agreement with the recipient.

Other Uses and Disclosures

As permitted by HIPAA, we may disclose your PHI to:

- Social Services Agencies
- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors

- Workers Compensation Agents

We may also disclose PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status and location.

Incidental Uses and Disclosures

Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment or healthcare operations. For example, we may call your name in the waiting room at one of our Patient Service Centers, or use it in a telephone conversation with a provider. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

Note Regarding State Law

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

Your Patient Rights

Receive Test Information

You have the right to access your PHI. You may:

- Obtain your test results online or on your smartphone using our mobile app by visiting our MyQuest website and creating or accessing your account. You may also obtain billing information via that website; or
- Contact Customer Service at 866-MYQUEST (866-697-8378) to request your records; or
- Complete and submit a Patient Request to Access or to Disclose Protected Health Information (PHI) (Access Form) in English or Spanish to obtain your test results and other PHI (or request the form from our Customer Service team); or
- Submit a written request of your own to our Customer Service team to obtain your PHI (requests must be signed and include enough demographic and other information necessary for us to authenticate you and identify your records).

If your request for test information is denied, you may request that the denial be reviewed.

Amend Health Information

You may request amendments (changes) to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take.

Accounting of Disclosures

You have the right to receive a list of certain disclosures of your PHI made by Quest Diagnostics in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes.

Request Restrictions

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

Request Confidential Communications

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

Copy of this Notice

You have the right to obtain a paper copy of this Notice upon request.

How to Exercise Your Rights

You may write or send an email to us with your specific request. Please refer to the Contact Information below. Quest Diagnostics will consider your request and provide you a response.

Complaints/Questions/Contact Information

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

Quest Diagnostics will not retaliate against any individual for filing a complaint. To file a complaint with us, or should you have any questions about this Notice, send an email to us at Privacy@QuestDiagnostics.com, or write to us at the following address:

Quest Diagnostics
Attention: Privacy Officer
500 Plaza Drive
Secaucus, NJ 07094

You may also contact the Privacy Officer at (800) 222-0446, ext. 1020123.

Note

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.

Non-Discrimination Notice

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Quest Diagnostics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Quest Diagnostics:

- Provides language services free of charge to people whose primary language is not English, such as:
 - Qualified interpreters
- Provides aids and services free of charge to people with disabilities to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (audio, accessible electronic formats, other formats)

If you need these services, contact (844) 698-1022 or ask at a Quest Diagnostics Patient Service Center.

If you believe that Quest Diagnostics has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Quest Diagnostics
Civil Rights Coordinator
1201 S. Collegeville Road
Collegeville, PA 19426
(800) 420-7225
QuestExperience@questdiagnostics.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Quest Diagnostics Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1 (844) 698-1022.

ATENCIÓN: si habla Español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (844) 698-1022.

注意：如果您使用繁體中文(Chinese), 您可以免費獲得語言援助服務。請致電 1 (844) 698-1022。

ATTENTION : Si vous parlez Français(French), des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (844) 698-1022.

ATANSYON: Si w pale Kreyòl Ayisyen(French Creole), gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1 (844) 698-1022.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (844) 698-1022.

CHÚ Ý: Nếu bạn nói Tiếng Việt (Vietnamese), có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (844) 698-1022.

주의: 한국어(Korean)를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (844) 698-1022 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (844) 698-1022.

برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة (Arabic) اذكر تتحدث كنت إذا: ملحوظة
1 (844) 698-1022.

ВНИМАНИЕ: Если вы говорите на Русском (Russian) языке, то вам доступны бесплатные услуги перевода. Звоните 1 (844) 698-1022.

ATTENZIONE: In caso la lingua parlata sia l'Italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (844) 698-1022.

ATENÇÃO: Se fala Português (Portuguese), encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (844) 698-1022.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (844) 698-1022 पर कॉल करें।

UWAGA: Jeżeli mówisz po Polsku (Polish), możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 (844) 698-1022.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援をご利用いただけます。1 (844) 698-1022 まで、お電話にてご連絡ください。

Effective: September 13, 2022

EXHIBIT "B"



QUEST DIAGNOSTICS
South Village, OH 45274-0795

For information regarding this bill, please call 1-866-254-3883.
741 457 8079
QUEST DIAGNOSTICS
SOUTH VILLAGE, OH 45274-0795

Please return this invoice to the address listed on the back of this bill.
QUEST DIAGNOSTICS
SOUTH VILLAGE, OH 45274-0795
QUEST DIAGNOSTICS
SOUTH VILLAGE, OH 45274-0795

Lab results and diagnosis questions must be answered by your physician.

Please have your bill available for reference.

About your statement

This statement is a summary of your account. You may make a payment online if you have insurance and your insurance does not affect your insurance information or that the claim has been filed please go online and make sure we have your insurance information. You can also call our automated phone system 24 hours a day at the number listed above to make a payment or contact your insurance. Thank you!

Laboratory Bill

The amount shown on this bill is for the laboratory only.

Amount Due: \$149.78
Due date: Apr. 22, 2022

Account Number: 13228434-QQUD1-10
Lab code: ZOT

Patient Name: LATNEY RUSSELL
Quantity: 1

Patient payment summary:
Payments to date: \$0.00

Customer Service:
LOG ON NOW at MyDocBill.com/Quest to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

For billing questions, please email us at billing@questdiagnostics.com

Pay by Phone: 1-866-254-3883 (24 hours/7 days)
Question: 1-866-254-3883

See statement details on back

3 easy ways to pay

Scan the QR code at right:

Pay online:
MyDocBill.com/Quest
Live Chat during normal business hours

Pay by phone:
1-866-254-3883

▲ Please fold and tear along the perforation and remit your payment in the envelope provided. ▲



Log on now. Pay your bill online securely at MyDocBill.com/Quest or call 1-866-254-3883

Make checks payable to Quest Diagnostics
Please include invoice number on check

Form of payment associated with this bill



Amount Due: \$149.78
Due date: APR 22, 2022
UPON RECEIPT
Account Number: 13228434-QQUD1-10
Invoice Number: 23795624
Patient Name: LATNEY RUSSELL
Amount Enclosed: \$

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740795
CINCINNATI, OH 45274-0795

237956240001477A000013229434QUD12

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your dispute, please provide a copy of your explanation of benefits.

[illegible]

ATTENTION: If you are unable to read this document, please contact the National Archives at College Park, MD 20740-6001.

可與：廣州番禺縣西樵鎮 電話：3834 244 245

[illegible][illegible]

Continued on next page

▲ Please fasten seat belt during the performance and remain with your seat in the audience throughout. ▲

If you received the issued payment clearly to you, please send us this payment immediately to stop the collection efforts.

Parent Signature for LATNEY RUSSELL

Statement date
04/22/22

When you provide a check as payment, you authorize us along to use
electronic funds transfer to make a one-time electronic funds transfer
from your checking account to make the payment as a cash transaction.

If your address or phone number has changed please log on at my.echbl.com/qlivet or call 1.800.254.3866 to update information.

Account number
13229434-QQUD1-10

Quest Diagnostics Incorporated and its subsidiaries (Quest Diagnostics) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Quest Diagnostics does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.



Quest
Diagnostics

PO Box 8000
Carmel, NY 12024-8000

Page 2 of 3

Summary of service charges

Account	Code	Description	Amount
10000000	0000	STANDARD SERVICE FEE	\$25.00
10000000	0000	LABORATORY TESTING	\$220.34
10000000	0000	LABORATORY TESTING	\$402.20

* All charges are subject to change without notice. All charges are subject to change without notice to the patient's physician.

Account	Code	Description	Amount
10000000	0000	STANDARD SERVICE FEE	\$25.00
10000000	0000	LABORATORY TESTING	\$220.34
10000000	0000	LABORATORY TESTING	\$402.20

Account	Code	Description	Amount
10000000	0000	STANDARD SERVICE FEE	\$25.00
10000000	0000	LABORATORY TESTING	\$220.34
10000000	0000	LABORATORY TESTING	\$402.20

WE HAVE FILED YOUR INSURANCE. YOU ARE NOW RESPONSIBLE FOR THE BALANCE OF THIS ACCOUNT.

EXHIBIT "C"


 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE FOR CIVIL RIGHTS (OCR)

 Form Approved: OMB No. 0990-0269
 See OMB Statement on Reverse


HEALTH INFORMATION PRIVACY COMPLAINT

YOUR FIRST NAME LATNEY		YOUR LAST NAME RUSSELL	
HOME PHONE (Please include area code) 404-423-0454		WORK PHONE (Please include area code)	
STREET ADDRESS 170 WASHINGTON STREET		CITY HAVERHILL	
STATE MA	ZIP 01882	E-MAIL ADDRESS (If available) talatney@gmail.com	

 Are you filing this complaint for someone else? ☐ Yes ☒ No
 If Yes, whose health information privacy rights do you believe were violated?

FIRST NAME	LAST NAME

Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?
 PERSON / AGENCY / ORGANIZATION

QUEST DIAGNOSTICS	
STREET ADDRESS 500 Plaza Dr.	CITY GERMANTOWN
STATE NJ	ZIP 07094
PHONE (Please include area code) 973-520-2700	

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)

May 23, 2022

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

WENT INTO QUEST MULTIPLE TIMES DURING & AFTER PANDEMIC FOR BLOOD WORK. I ask the medical Assistant to send my mail to my address in Haverhill, MA. She informed me that QUEST no longer sends out mail. She updated my address in the system. I also went to myquest.com to make sure my new address was reflecting in the system. Fast forward to May 23, 2022, I received a text message with all my labs displayed out. My mom said it came open, so she sent it to me. She went on and asked me my

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE

DATE (mm/dd/yyyy)

07-21-2022

PTO- →

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. To submit a complaint using alternative methods, see reverse page (page 2 of the complaint form).

HHS-700 (7/08) (FRONT)

PSC Graphics (301) 443-1090 EF

about my health condition. I immediately called Quest and filed a complaint.

There was multiple pieces of mail that was sent to my old address, even after getting confirmation that Quest no longer sends out mail.

Quest has failed to keep my medical information private. They have recently updated their website so that you can opt out of receiving paper mail.

I recommended this feature to one of Quest Customer Service agent while on a call and informed her; my records were assessed due to the mail not being sealed properly.

I am now under extreme stress now having to deal with family knowing my medical diagnose.

Quest is accountable and should be held liable.



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:



CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.



CONSENT DENIED: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: *L. Russell*

Date: 07.21.22

*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

Name (Please print): Latriey Russell

Address: 172 WASHINGTON ST, Haverhill MA 01832

Telephone Number: 434.428.0454

EXHIBIT "D"



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights**

Headquarters • Humphrey Building
200 Independence Ave., S.W. • Washington, D.C. 2020
Voice: (202) 619-0403 • TDD: (202) 619-3257
Fax: (202) 619-3818 • www.hhs.gov/ocr

September 14, 2022

Latney Russell
170 Washington Street #T5
Haverhill, MA 01832

RE: OCR Transaction Number: CU-22-489548

Russell, Latney v Quest Diagnostics

Dear Sir or Madam:

On July 21, 2022, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received your complaint alleging a violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and/or Breach Notification Rules.

OCR enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services based on race, color, national origin, disability, age, sex, religion, and the exercise of conscience, and also enforces the HIPAA Privacy, Security and Breach Notification Rules.

We have reviewed your allegations against Quest Diagnostics and have determined that OCR will not investigate your complaint. Therefore, OCR is closing this complaint with no further action, effective the date of this letter.

OCR's determination as stated in this applies only to the allegations in this complaint that were reviewed by OCR.

We regret that we are unable to assist you in this matter. If you have any questions about this letter, please contact Centralized Case Management Operations at (800) 368-1019 or (202) 619-3276 (TDD).

Sincerely,



Maqueda Fuller
CCMO Supervisor

English	If you speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文，请拨打1-800-368-1019（打字电话：1-800-537-7697），你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락 주세요. 통역관과 연결해서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog (Filipino)	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY: 1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по- русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.

9/16/22, 12:50 PM

Gmail - RE: Case Status | 27470202



EXHIBIT "E"

Alex Russell <ralatney@gmail.com>

RE: Case Status | 27470202

Alex Russell <ralatney@gmail.com>
To: OCR Mail <OCRMail@hhs.gov>

Mon, Sep 5, 2022 at 9:43 AM

Hello,

Is there a way to add additional information to my case?

I checked my mail yesterday and to my surprise, there was a piece of mail from Quest.

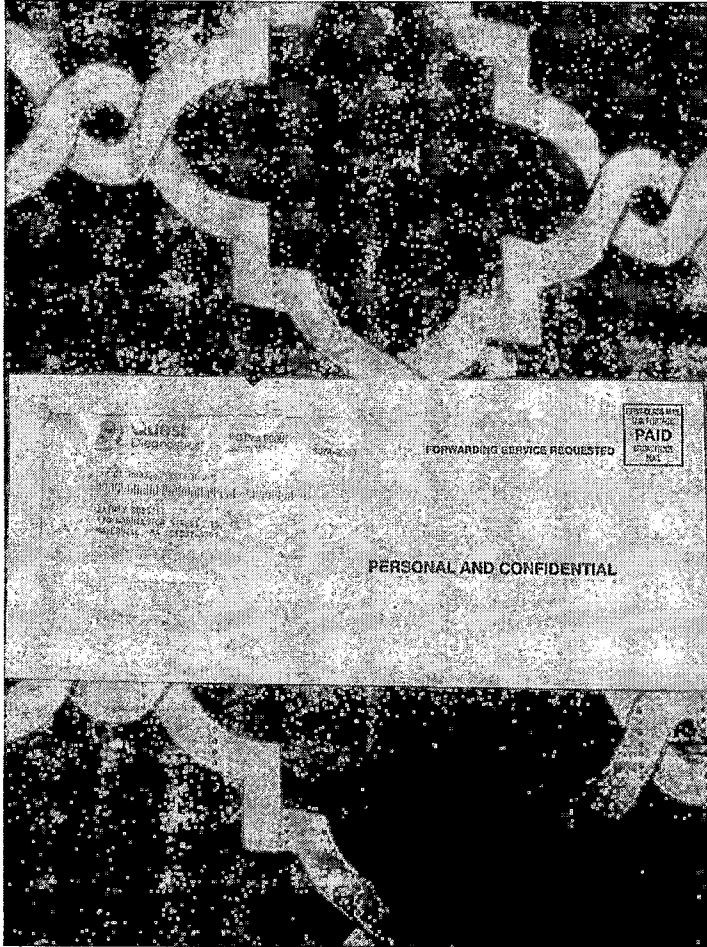
Please keep in mind I have asked in-person several times to not receive any mail and also I opted out online. This mail piece contains information that has already gotten into the wrong hands.

Even after filing a formal complaint, Quest has still not honored my request to receive all correspondence digitally.

Please let me know how I can update my case with this new information.

9/16/22, 12:50 PM

Gmail - RE: Case Status I 27470202



Regards,

Latney Russell

[Quoted text hidden]

FILED 11/1/2022 4:36 PM CLERK OF SUPERIOR COURT DEKALB COUNTY GEORGIA

November 1, 2022

Latney Russell
13901 Midway Rd
STE: 102-465
Farmers Branch, TX 75244

DeKalb County Clerk of Superior Court
556 North McDonough Street,
Decatur, GA 30030

Clerk of Superior Court
Honorable Debra DeBerry
Case Number: 22CV9346-4

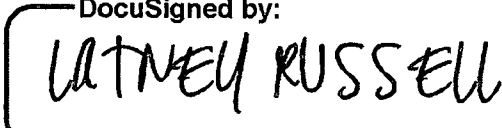
To Whom It May Concern.

I Latney Russell am filing a motion requesting my medical records be sealed.

Due to the nature of this case containing sensitive information, I am requesting an expedited hearing via zoom.

Please be sure that all future correspondence is sent to the correct email address on file to avoid delays.

Sincerely,

DocuSigned by:

DFFD6BA859C24C3...

Latney Russell
E: ralatney@gmail.com